



USAID
FROM THE AMERICAN PEOPLE

TB CARE I

TB CARE I - Uganda

Year 2

Annual Report

January 1, 2012- September 30, 2012

October 30, 2012

Table of Contents

| | |
|--|----|
| Executive Summary | 4 |
| Introduction | 5 |
| Universal Access | 6 |
| Universal Access | 6 |
| Programmatic Management of Drug Resistant TB (PMDT)..... | 11 |
| TB/HIV | 16 |
| Health System Strengthening (HSS)..... | 18 |
| Financial Overview | 21 |

List of Abbreviations

| | |
|--------|--|
| ACP | AIDS Control Program |
| CDR | Case Detection Rate |
| DOTS | Internationally Accepted Strategy for Controlling Tuberculosis |
| GF | Global Fund |
| GLRA | Germany Leprosy and Tuberculosis Relief Association |
| HSS | Health Systems Strengthening |
| IC | Infection Control |
| ICF | Intensified Case Finding |
| IPT | Isoniazid Preventive Therapy |
| KCC | Kampala City Council |
| KCCA | Kampala Capital City Authority |
| MDR TB | Multi Drug Resistant Tuberculosis |
| NCC | National Coordination Committee |
| NDC | National Disease Control |
| NSP | National TB Strategic Plan |
| NTLP | National TB and Leprosy Program |
| NTRL | National TB Reference Laboratory |
| PMDT | Programmatic Management of Drug resistant Tuberculosis |
| TSR | Treatment Success Rate |
| USAID | United States Agency for International Development |
| USTP | Uganda STOP TB Partnership |
| ZTLS | Zonal TB and Leprosy Supervisor (ZTLS) |

Executive Summary

In Uganda, TB CARE I is a USAID funded project started in January 2012 and will close by end of March 2013. KNCV Tuberculosis Foundation is the lead, and the only agency implementing this project. The aim is to support NTLP to improve the Case Detection Rate (CDR) and Treatment Success Rate (TSR). The key result areas are: implementation of DOTS in Kampala (Universal Access); quality programmatic management of drug resistant TB (PMDT); coordination of TB/HIV activities (TB/HIV); and technical support to NTLP to strengthen health systems (HSS). Below are the key achievements: -

Universal Access: With TB CARE I support, Kampala Capital City Authority (KCCA) has steadily increased TSR from 49% to 68.3% and decreased the default rate from 34% to 21% within the first six months of implementation (January to June 2012). These results have been attained through: targeted support supervision and mentorship visits to poorly performing high patient-load health facilities, monthly phone call reminders to treatment interrupters/defaulters.

PMDT: From April to June 2012, enrollment of 24 MDR TB patients onto treatment has been achieved with support from partners like MSF, GF, WHO and TB CARE I in the three sites of Mulago, Kitgum and Arua. Specifically TB CARE I trained health care workers in MDR TB, fridges procured for storage drugs and National and hospital-based PMDT panels formed. The renovation of Mulago MDR TB ward is underway.

TB/HIV: To strengthen partner coordination at national level, TB CARE I has supported the reactivation of the TB/HIV National Coordination Committee. Joint TB/HIV support supervision visits to nine NTLP zones have been conducted to improve TB/HIV collaborative activities.

HSS: TB CARE I is supporting NTLP to finalize the draft National TB Strategic Plan (2012/13-2014/15) and develop the annual implementation plan and supporting coordination mechanisms of NTLP.

Challenges: Challenges related to health systems still exist: Inadequate human resources; drug stock outs; poor recording and reporting; slow implementation of the 3Is (Isoniazid Preventive Therapy (IPT), Intensified Case Finding (ICF) forms), Infection Control (IC) and ART; bureaucracy in processes; inadequate infrastructure for MDR TB; and need for rapid scale up of PMDT to 13 regional hospitals.

Next steps: In the remaining project period, we shall consolidate gains achieved in the four results areas and accelerate implementation in the areas lagging behind.

- Continue support supervision to improve recording and reporting and subsequently TSR
- Complete the MDR TB ward in Mulago and aim at supporting two additional sites of Kitgum and Mbarara to hasten enrollment of MDR TB patients.
- Continue strengthening coordination and joint supervision to improve on 3Is and ART

- Finalize the National TB Strategic Plan and NTLP Annual Implementation Plan

Introduction

KNCV Tuberculosis foundation opened an office in Uganda in January 2012 to implement a 15 month TB CARE I USAID funded project. The project focuses on four priority areas: Universal Access, Programmatic Management of Drug resistant TB (PMDT), TB/HIV and Health Systems Strengthening (HSS). The KNCV Uganda office is located at the National TB/Leprosy premises and has eight technical staff.

The overall objective of the project is to support the National TB and Leprosy Program (NTLP) to improve Case detection rate (CDR) and Treatment success Rate (TSR) to achieve national targets through support to selected districts.

Specific objectives of the project include:

1. Enhance leadership and technical capacity of NTLP to effectively guide and manage implementation of TB control activities at national and district levels and integrated in the general health systems.
2. Support the implementation of DOTS in Kampala.
3. Provide Technical assistance for the coordination and implementation of comprehensive TB/HIV and DOTS interventions.
4. Strengthen NTLP capacity to initiate a quality MDR TB program.

At the national level, TB CARE I project works in close collaboration with NTLP by building its technical capacity to effectively manage TB control activities, supporting implementation of TB/HIV activities and quality programmatic management of drug resistant TB in the country.

Within Kampala, TB CARE I project's mandate is to improve TB control and management within the health facilities as well as implement DOTS.

TB CARE I project works closely with other partners that include Kampala Capital City Authority (KCCA) through the TB Control officer and the division supervisors; Germany Leprosy and Tuberculosis Relief Association (GLRA); Global Fund (GF); TB REACH; and National TB Reference Laboratory (NTRL). These collaborations are strengthened through the quarterly TB/HIV National Coordination Committee (NCC) and Uganda STOP TB Partnership (USTP) meetings.

Universal Access

TB CARE I is supporting DOTS implementation in Kampala so as to ensure increased quality of TB services delivered in the health facilities in Kampala. Working closely with the Kampala Zone TB supervisor, TB CARE I is supporting the 6 division supervisors and 1 KCCA TB Control Officer to conduct targeted support supervision and mentorship visits to health facilities in Kampala.

Technical Outcomes

| Expected Outcomes | | Outcome Indicators | Indicator Definition | Baseline (Year or timeframe) | Target Y2 | Result Y2 | Comments |
|-------------------|--|--|--|------------------------------|----------------|----------------|--|
| 1.2 | Increased quality of TB services delivered among all care providers (Supply) | 1.2.5 Number (and percent) of facilities in Kampala covered by support supervision visits | Indicator Value: Number/Percent Level: Kampala Source: NTP records Means of Verification: Project technical and financial reports Numerator: Number and type of facilities in Kampala covered by support supervision visits Denominator: Total number of facilities in Kampala providing TB control services | 8/36 2011 | 18/36 (50%) | 19/38 (50%) | TB CARE I Technical Officers, Kampala TB Control Officer and the Kampala division supervisors conduct targeted monthly and quarterly supervision and mentorship visits to the health facilities in Kampala to address diagnosis and treatment of TB patients; follow up monitoring; recording and reporting; anti-TB drug requests and stock management. |
| | | 1.2.8 Number of defaulters receiving monthly SMS for treatment adherence | Indicator Value: Number Level: Kampala Source: NTP Means of Verification: Project technical and | NA 2011 | 700 | 0 | Not yet conducted because of the ban imposed by Ministry of Health on all e-health innovations in the country. However, TB CARE I is in dialogue with |

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| | | | financial records Numerator: Number of defaulters in Kampala receiving SMS | | | | Ministry of Health to try to get clearance for sending monthly SMS for TB treatment adherence |
|--|--|--|--|--|--|--|--|

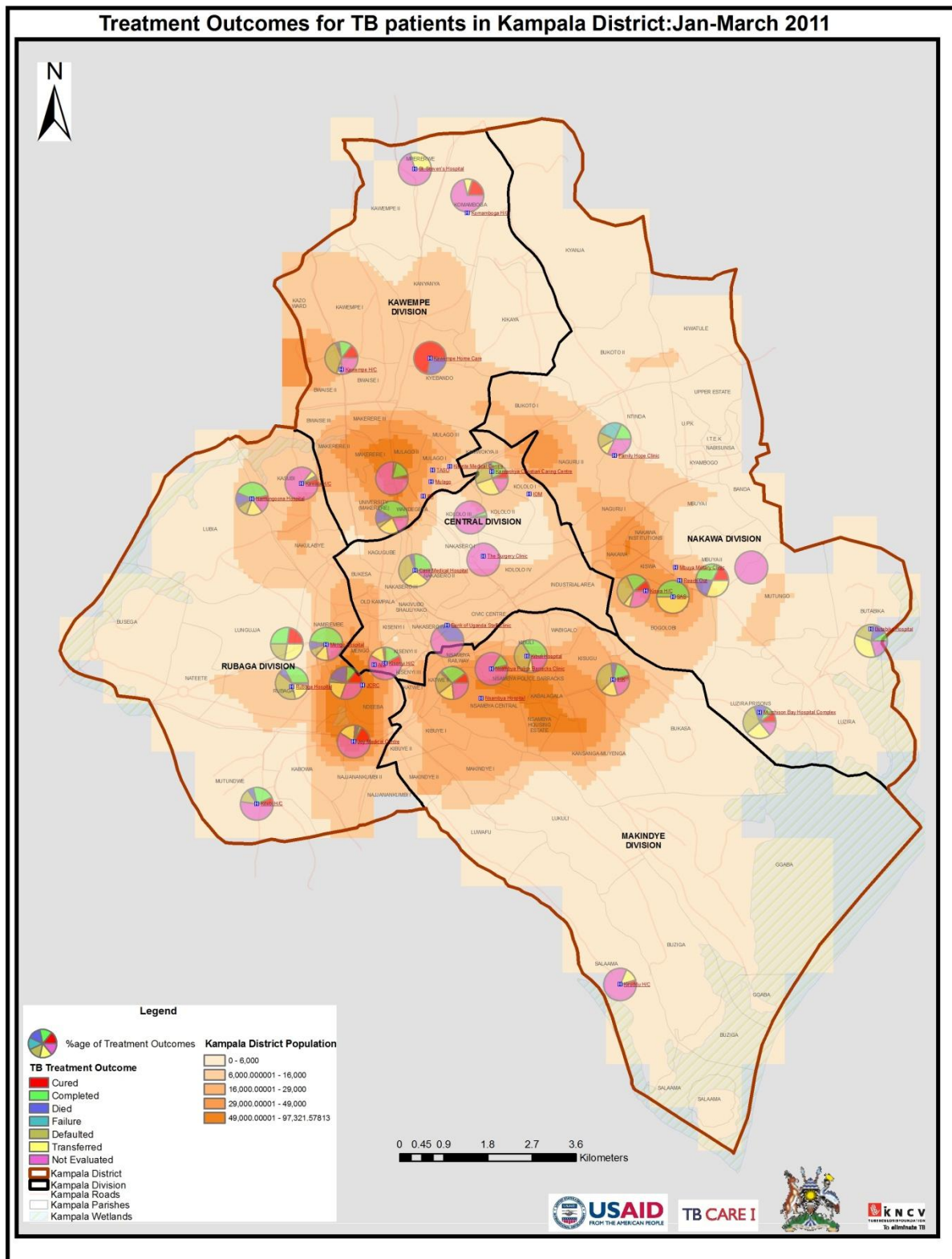
Key Achievements

Final report on TB control and management assessment in Kampala

TB CARE I conducted an assessment of TB control and management in health facilities and divisions within Kampala. This provided first hand information about TB issues in Kampala and helped re-align interventions to address the problems.

Mapped TB control interventions to Geographical Information System (GIS): Results from the TB control and management assessment were mapped onto the GIS coordinates collected for all the TB treatment sites in Kampala. This formed a basis for informed planned interventions within the city.

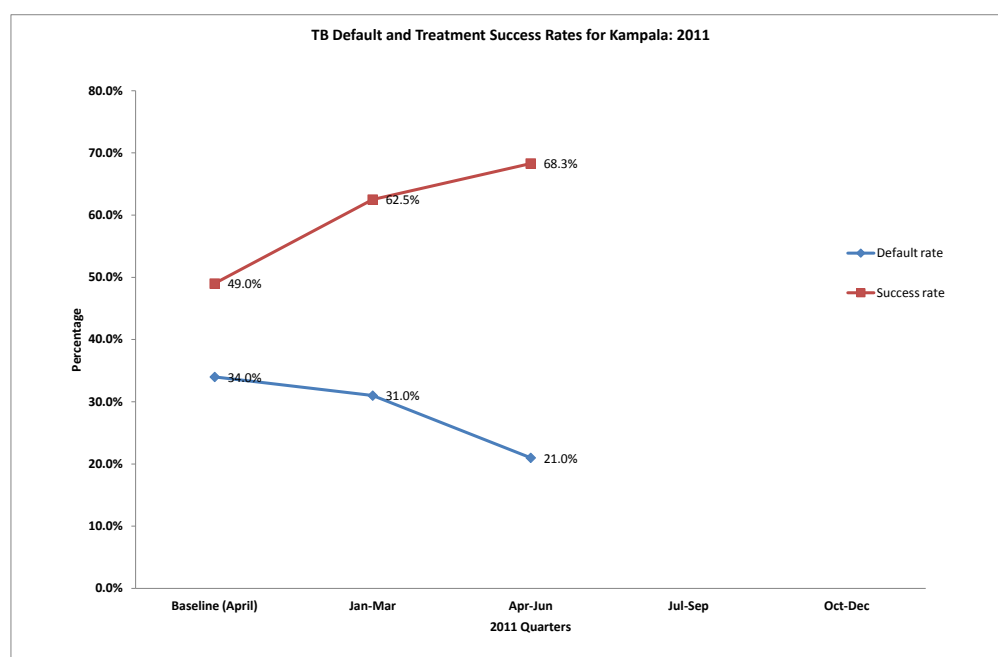
Figure 1: GIS Map showing TB treatment outcomes (January-March 2011) for Kampala health facilities and Population Density



Improvement in treatment success rate: Efforts of TB CARE I to facilitate targeted monthly support supervision and mentorship visits to the health facilities within Kampala have contributed to an increase in the Treatment Success Rate from 49% to 68.3% within the six months of implementation (January to June 2012).

Reduction in default rates: Health facility TB focal persons have been facilitated with monthly airtime to call patients who had defaulted or missed appointments. A total of 309 calls were made; 59 patients were confirmed dead, 204 confirmed to have completed TB treatment from other health facilities and 24 were verified as defaulters while 7 were failures/MDR. As a result of this intervention, the default rate for Kampala TB patients has declined from 34% to 21% within the first six months of implementation.

Figure 2: TB Default and Treatment Success Rates for Kampala: 2011



Provision of TB recording and reporting tools: TB CARE I project has printed and distributed 10,000 copies of TB treatment cards to health facilities within Kampala. Together with NTLP and other partners, Unit and District registers have been revised and modified. TB CARE I is in the process of printing 63 unit registers and 30 division registers. TB CARE I has also supported five division supervisors to compile 2012 division registers.

Challenges and Next Steps

Challenge 1: Effective August 2012, KCCA terminated services of all staff of the defunct Kampala City Council (KCC), to which the division supervisors belonged. This derailed monthly support supervision and mentorship visits to health facilities for the month of August.

Next Steps: KCCA has identified new division supervisor and their respective assistants. TB CARE I will support their training and orientation into TB management and supervision.

Challenge 2: A Ministry of Health ban imposed on e-health innovation has hindered sending SMS for treatment adherence to TB patients.

Next Steps: TB CARE I through NTLP is in dialogue with Ministry of Health to try to get clearance for sending monthly SMS for TB treatment adherence.

Programmatic Management of Drug Resistant TB (PMDT)

TB CARE I project is strengthening NTLP's capacity to implement a quality MDR TB program in the country. This the project is doing through provision of technical assistance (local and international missions), to support diagnosis, treatment of MDR TB, monitoring and recording MDR TB, and construction of isolation facilities meeting infection control standards. Particularly for Mulago National Referral Hospital, TB CARE I is supporting renovation and equipping the MDR TB ward with 30 beds, a fridge for storage of drugs and an audiometer.

Technical Outcomes

| Expected Outcomes | | Outcome Indicators | Indicator Definition | Baseline (Year or timeframe) | Target | Result | Comments |
|-------------------|-----------------------------------|--|--|------------------------------|--------|--------|--|
| | | | | | Y2 | Y2 | |
| 4.1 | Improved treatment success of MDR | 4.1.2 MDR TB patients who are still on treatment and have a sputum culture conversion 6 months after starting MDR-TB treatment | Indicator Value: Percent Numerator: Number of MDR TB patients in a cohort who are still on treatment and had culture conversion latest at month 6 (having had 2 negative sputum cultures taken one month apart and remained culture negative since) Denominator: Total number of MDR patients who started treatment in the cohort. | NA 2011 | 70% | 0 | Enrollment of MDR TB patients delayed due to the insufficient MDR TB drugs within the country during the first quarter (January-March) of 2012 |

| | | | | | | | |
|--|--|---|--|------------|----|------------------------------|---|
| | | 4.1.5 Number of diagnosed MDR-TB patients who are enrolled on treatment | Indicator Value: Number Level: National Source: Quarterly reports Means of Verification: MDR TB register Numerator: Number of MDR TB patients enrolled on treatment | 17 2011 | 60 | 24 (April-September 2012) | With PMDT roll out plan finalized, diagnosis and enrollment of MDR TB patients is being scaled up |
| | | 4.1.6 Number of MDR-TB beds made available through renovation of wards in Mulago hospital | Indicator Value: number Level: Hospital Source: NTP records Means of Verification: Project technical and financial reporting Numerator: Number of beds | 0 2011 | 30 | 0 | Procurement of beds awaits completion of renovation of the MDR TB ward at Mulago |

Key Achievements

Enrollment of MDR TB patients on treatment: With support from partners like MSF, GF, WHO and TB CARE I, 24 MDR TB patients have been started on treatment at the three sites of Mulago, Arua and Kitgum. A total of 12 (10 female, 2 male) Mulago health care workers have been trained in the MDR TB patient management and have been involved in initiating patients onto treatment. Mulago hospital has been equipped with a fridge for storage of MDR TB drugs and an audiometer for MDR TB patients' assessment.

Picture 1: MDR TB Fridge Hand over to Mulago Hospital



Program Manager NTLP (Left) handing over the MDR TB drug storage fridge procured by the TB CARE I project to the Head of TB Unit Mulago National Referral Hospital

National PMDT Expansion Plan: TB CARE I project has supported local and international technical assistance missions to draft and finalize the national PMDT roll out plan.

National PMDT Team and hospital-based PMDT panels: TB CARE I project has supported NTLP to revitalize the National PMDT team through training provided by local and international technical assistance missions. Three hospital-based MDR TB panels have also been formed and operationalized.

Mulago MDR TB ward renovation: TB CARE I is supporting the renovation of the Mulago MDR TB ward renovation. The process of contracting a firm to carry out this work has been finalized and work commences in October 2012, and will be completed in December 2012.

Picture 2: Handing over of MDR TB Ward plans to the renovation firm



Mulago National Referral Hospital administrator (Right) handing over the renovation plan for Mulago MDR TB Ward to the contractor

Marking World TB Day: In commemoration of the 2012 World TB Day, TB CARE I supported an MDR TB symposium to create awareness for MDR TB in the country.

Picture 3: Participants of the MDR TB Symposium



Challenges and Next Steps

Challenge 1: Long procurement and contracting processes have delayed renovation of the Mulago MDR TB ward.

Next steps: The procurement and contracting processes have been successfully completed and renovation of MDR TB ward will start in October 2012 and is expected to be completed by the end of December 2012.

Challenge 2: For the period January to March 2012, the country did not have MDR TB drugs to initiate patients on treatment. The first courses of drugs came in April 2012, thus a delay in initiating diagnosed patients on treatment.

Next steps: Working with other partners (Global Fund), NTLP is ensuring steady supply of MDR TB drugs in the country. A further 200 courses of drugs were brought in during the April-June period.

Challenge 3: Inadequate human resources and infrastructure to support the MDR-TB roll out and implementation in the country

Next steps: Hospital-based MDR TB panels (Mulago, Kitgum and Arua) have been constituted to support management of MDR TB patients. Plans of supplementing health care worker force with

additional trained staff are underway. TB CARE I will support consolidation of TB services in the 3 sites of Mulago, Mbarara and Kitgum.

TB/HIV

The project is supporting coordination of TB/HIV partners through quarterly meetings and also joint supervisions to health facilities across the country to ensure uniform implementation of TB/HIV and DOTS interventions for the different partners.

Technical Outcomes

| Expected Outcomes | | Outcome Indicators | Indicator Definition | Baseline (Year or timeframe) | Target | Result | Comments |
|--------------------------|---|---|--|-------------------------------------|---------------|---------------|---|
| | | | | | Y2 | Y2 | |
| 5.3 | Improved treatment of TB/HIV co-infection | 5.3.3 Number of TB/HIV National coordination committee meetings supported | Indicator Value: Number Level: National Source: Project reports Means of Verification: Meeting minutes | 0 2011 | 5 | 2 | TB/HIV National Coordination Committee meetings re-activated in July 2012 |
| | | 5.3.4 Number of joint bi-annual supervision visits conducted | Indicator Value: Number Level: National Source: Project reports Means of Verification: Supervision reports | 0 2011 | 9 | 9 | First round joint bi-annual support visits conducted to all 9 NTLP zones. |

Key Achievements

Re-activation of TB/HIV National Coordination Committee meetings: After 2 years (2010-2012) in lull, TB CARE I supported the re-activation of the TB/HIV NCC meetings that brings together implementing partners under the National TB Program and the AIDS Control Program. All four technical working groups have been re-constituted and one meeting has been held by the policy and planning group to review the national TB/HIV guidelines.

Joint TB/HIV support supervision visits to Zones: All 9 NTLP zones were visited during the first round of TB/HIV support supervision conducted by technical staff of TB CARE I, together with NTLP staff and implementing partners. In total 209 health facilities were visited. Key issues include low

uptake of ART for TB/HIV patients, poor infection control practices, and unclear messages on IPT implementation. Comprehensive TB/HIV services are not offered across a spectrum of health facilities. Onsite support was given during the visits and emerging issues have been shared during the quarterly STOP TB partnership meeting and NTLP quarterly Zonal meeting.

Picture 4: Reactivation meeting for the TB/HIV National Coordination Committee



Figure 2: Cross section of participants that attended the re-activation meeting of the TB/HIV National Coordination Committee held in July 2012

Challenges and Next Steps

Challenge 1: TB/HIV National Coordination Committee meetings were not held during the first two quarters of the year primarily due to the project was in its start up phase (January-March 2012)

Next step: Hold planned quarterly meetings on dates scheduled and agreed on by all participants.

Health System Strengthening (HSS)

Under HSS, TB CARE I project efforts are primarily focused on enhancing leadership and technical capacity of NTLP to effectively guide and manage implementation of TB control activities at national and district levels. The guiding principle would be to have joint annual NLTP implementation plans developed with input from all partners and the National TB Strategic Plan (2012/13-2014/15) finalized.

Technical Outcomes

| Expected Outcomes | | Outcome Indicators | Indicator Definition | Baseline (Year or timeframe) | Target Y2 | Result Y2 | Comments |
|-------------------|---|--|--|------------------------------|-----------|------------------------|---|
| 6.2 | TB control components (drug supply and management, laboratories, community care, HRD and M&E) formed integral part of national plans, strategies and service delivery of these components | 6.2.3 People trained using TB CARE funds | Indicator Value: Number of people Numerator: Number of people trained disaggregated by gender and type of training. | NA 2011 | 478 | 12 (10 female, 2 male) | 12 staff from Mulago trained in MDR TB patient management |
| | | 6.2.4 National TB strategic plan finalized | Indicator Value: Yes/No Level: National Source: Project reports Means of Verification: National Strategic Plan | No 2011 | Yes | No | Stakeholders' meetings held. Local consultant to finalize the plan and submit for approval |
| | | 6.2.5 Annual Implementation Plan developed | Indicator Value: Yes/No Level: National Source: Project reports Means of Verification: Annual Implementation Plan | No 2011 | Yes | No | Development of annual plan is concurrently done with NSP. Local consultant to finalize the plan and submit for approval |

Key Achievements

National TB Strategic plan and Annual Implementation Plan: TB CARE I is supporting NTLP to finalize the National TB Strategic Plan (2012/13-2014/15) and the NTLP Annual Implementation Plan. A local consultant has been recruited and two stakeholders' consultative meetings have been held to finalize the plan. The plan is expected to be completed in the next quarter (October-December 2012) and then forwarded to the Director General Health Services in the Ministry of Health for approval. Dissemination of the new strategic plan is planned for early 2013.

Picture 5: TB Stakeholders' review workshop for the draft National TB strategic plan (2012/13-2014/15) in September 2012



Quarterly STOP TB Partnership meetings: TB CARE I supported three quarterly Uganda STOP TB Partnership (USTP) coordination meetings and one meeting for the Kampala DOTS expansion working group. The USTP meetings have been used to share critical TB control and management information amongst partners e.g. planning the National TB prevalence survey, Isoniazid Preventive Therapy, among others. The Kampala DOTS expansion working group elected office bearers and agreed on plans to further support effective management of TB within Kampala.

Challenges and Next Steps

Challenge 1: The targeted number of people trained using TB CARE I funds has remained low because two planned trainings (division supervisors training and MDR TB training at Centre of Excellence-Kigali) were deferred to be conducted next year.

Next steps: KCCA is to appoint new division supervisors and their assistants that will be trained in TB control and management with facilitation from TB CARE I project. The project will also support NTLP to have MDR TB training for six technical staff conducted at the Center of Excellence-Kigali after MDR TB patient cohort has started ambulatory care.

Additional staff from Mulago will be trained in MDR TB patient management.

KNCV Uganda/TB CARE I has seen that contacting patients with missed appointments or with misclassified/unknown treatment outcomes can improve on reported treatment outcomes. This helps to get patients with missed appointments or treatment defaulters back into care, to confirm who has not survived and to find out who has completed treatment elsewhere. In addition to this, health workers have noted that this can improve the documentation of treatment outcomes as well as enhancing patients' attitudes to care as reflected in the comments of some of the Unit TB focal persons below:

*"As a result of the calls, the TB records are now better; they have helped us to know the real treatment outcome. Most of the patients we call 'defaulters' are not actually defaulters; some are dead whilst some are getting treatment elsewhere". **TB Focal Person, Rubaga Hospital***

*"We are able to confirm who has died and therefore complete the register where necessary". **TB Focal Person, Namungoona hospital.***

*"With the help of the diaries and phone credit, we are able to call patients who have missed their visits and thus reduce the number of defaulters...Patients feel that we care and they are encouraged. When we remind them with a phone call they actually come." **TB Focal Person, Rubaga Hospital***

Below are some of the responses from patients who returned and restarted TB treatment:

*"...I had thought of coming back to hospital but I was scared of returning for fear that the health workers would be angry with me. As I was stilling gathering the guts to return, I received a call asking me to come back I was so relieved". **25 year old lady who had defaulted for 5 months***

*"...The health workers called me constantly.....So I was compelled to come..... I am very confident that I will complete my treatment this time". **20 year old, sales lady who had defaulted for 6 months.***